

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT <b>07-JAN-2011</b>	TIME <b>01:34:00</b>	2. ADDRESS OF OCCURRENCE <b>1119 W MARQUETTE RD CHICAGO, IL 60621</b>	3. LOCATION CODE <b>304</b>	4. BEAT/OCURR <b>0724</b>				
	5. POSITION <b>9161</b>	6. LAST NAME <b>MOSQUEDA</b>	7. FIRST NAME <b>RAOUL O</b>	8. STAR NO. <b>13662</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>API</b>	11. AGE <b>604</b>	12. HT. <b>215</b>	13. WT. <b>604</b>
	14. DATE OF APPT. <b>27-NOV-2006</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>007 0713R</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME <b>PINEX</b>	21. FIRST NAME <b>DARIUS</b>	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>600</b>	27. WT. <b>200</b>	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/OTHER (SPECIFY) VEHICLE - OFFICER STRUCK WITH [REDACTED]	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? <b>CFD</b>	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED [REDACTED]	37. CB NO <b>00000000</b>	38. DNA	39. IR NO. [REDACTED]	40. DNA	
	41. SUBJECT'S ACTIONS  DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	42. SUBJECT'S RESPONSE  MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> OTHER _____	43. ACTIVE RESISTER  FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	44. ASSAULTANT:ASSAULT  IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	45. ASSAULTANT:BATTERY  ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	46. ASSAULTANT:DEADLY FORCE  USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER DRAGGED OFFICER WITH VEHICLE <input type="checkbox"/>			
	47. POSITION [REDACTED]	48. STAR NO. [REDACTED]	49. UNIT [REDACTED]	50. ADDITIONAL INFORMATION <b>USED VEHICLE TO DRAG OFFICER AS A WEAPON.</b>	51. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				
	52. WEAPON DISCHARGE INCIDENT  41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED  43. LIGHTING CONDITIONS <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>						
	53. SPECIAL WEAPON CERTIFICATE NO [REDACTED]	54. PROPERTY INVENTORY NO. [REDACTED]	55. TYPE OF AMMUNITION USED <b>Department Issued</b>	56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	57. TOTAL NO. OF SHOTS MEMBER FIRED <b>14</b>				
58. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	59. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>13</b>	61. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	62. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>EMERGENCY RELOAD</b>	65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 010 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>	67. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. DATE REVIEWED <b>07-JAN-2011 10:11:15</b>	70. TIME <b>1042532</b>	71. RD. NO. <b>H108741</b>	72. RD. NO. <b>1100700783</b>					
73. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	74. SIGNATURES 75. REPORTING MEMBER (Print Name) <b>MOSQUEDA, RAOUL O</b> 07-JAN-2011 10:07:50	STAR/EMPLOYEE NO. <b>13662</b>	SIGNATURE [REDACTED]						
76. REVIEWING SUPERVISOR (Print Name) <b>AUGUSTYN, GEORGE E</b>	STAR NO. <b>413</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>07-JAN-2011 10:11:15</b>						

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)  
DOA on scene.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

U # 11-04

Based upon the preliminary investigation and facts known at this time, the undersigned finds that Officer Mosqueda #13662 followed all procedures, policies, and Department Orders in the protection of himself and his partner. Officer Mosqueda was placed in fear that his partner's safety was threatened by the offender who was using the vehicle he was driving as a weapon to run Officer Sierra over. Officer Mosqueda used the necessary force to defeat an attack against his partner.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
--	---

LOG NO/CRNO. 1042532 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) <b>KEATING, JAMES M</b>	SIGNATURE 	DATE COMPLETED <b>07-JAN-2011</b>	TIME <b>10:21:25</b>
--	--	--------------------------------------	-------------------------

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR'S THIS EVENT NO.
<input type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	<b>2</b>
<input type="checkbox"/> ARREST REPORT	TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		